

**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee  
Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee Retirement  
Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal  
Revenue Code (the Code).▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos. 1210-0110  
1210-0089**2022****This Form is Open to  
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 07/31/2022

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan SHORELINE AVIATION, LLC 401(K)		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	08/01/2016
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SHORELINE AVIATION, LLC  361 ABBY LANE ARLEY, AL 35541		<b>2b</b> Employer Identification Number (EIN)	81-0645246
		<b>2c</b> Sponsor's telephone number	205-300-3061
		<b>2d</b> Business code (see instructions)	488100
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year.....		<b>5a</b>	2
<b>b</b> Total number of participants at the end of the plan year .....		<b>5b</b>	0
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>5c</b>	0
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....		<b>5d(1)</b>	2
<b>d(2)</b> Total number of active participants at the end of the plan year.....		<b>5d(2)</b>	0
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<b>5e</b>	0

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	05/22/2025	SARA RUTLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2022)  
v.220413

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets.....	<b>7a</b>	179459	0
<b>b</b> Total plan liabilities.....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	179459	0
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers.....	<b>8a(1)</b>	435	
<b>(2)</b> Participants.....	<b>8a(2)</b>	3713	
<b>(3)</b> Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b> Other income (loss).....	<b>8b</b>	-9660	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>		-5512
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	173847	
<b>e</b> Certain deemed and/or corrective distributions (see instructions).....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>	100	
<b>g</b> Other expenses.....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		173947
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		-179459
<b>j</b> Transfers to (from) the plan (see instructions).....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond?.....	<b>10c</b>	X		18000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?.....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....  Yes  No  
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. ....Month Day Year

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year ..... **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year ..... **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....  Yes  No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)



May 21, 2025

Re: Form 5500 year 2022  
Plan Name: Shoreline Aviation , LLC  
Plan Number: 246440

To Whom It May Concern,

After receiving a letter from the IRS regarding my 2022 Form 5500 being late. I researched all the information I had from ADP. I have the termination letter and email regarding the completion of forms for termination of the 401K plan. Then I called ADP.

I have the email ADP sent to me on 5/5/23 with a link to a "fis" site in order to review my 5500 information for them to file. I did this at that time with the help of an ADP representative on the phone. I did not ever receive the form for my records.

I was unaware my form was never completed and filed by ADP, as I have an email from ADP dated 6/13/22 that stated "Congratulations! You have successfully filed your Plan Form 5500". It has no year notated on it. So I thought it was for 2022, since I had just worked on it 5/5/23.

It is my understanding from ADP, I can request a forgiveness of any late filing fees due to these types of circumstances. I am also attaching some of the supporting documents I have referenced above.

Please confirm any fees can be forgiven as I had contracted ADP to complete all of this type of filing for us in a good fail effort to be compliant.

Thank you for your consideration

Sincerely,

*Sara Rutland*  
Sara Rutland

148 Biddle Drive Jasper, Alabama 35503  
Walker County – Beville Field (JFX)  
205.384.4646  
800.747.0825  
877.721.9024 fax

Sara

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**From:** RS-Plan-Admin@adp.com  
**Sent:** Sunday, June 12, 2022 4:08 AM  
**To:** Sara  
**Subject:** Congratulations! You have successfully filed your Plan's Form 5500.



## **Congratulations! You have successfully filed your Plan's Form 5500.**

(Please do not respond to this message...it comes from an unattended mailbox.)

Plan Name: Shoreline Aviation, LLC 401(k)  
Plan Number: 246440

Congratulations! You have successfully filed your Plan's Form 5500 and related schedules with the Department of Labor.

For additional information on the status of your Form 5500:

- Simply log into the Plan Sponsor Website;
- Click on the COMPLIANCE – FORM 5500 Tile.

Sincerely,

ADP Retirement Services

*To ensure that you continue receiving our emails, please add us to your address book or safe list. This is an automated email, please do not reply to this email.*

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Sara

From: RS-Plan-Admin@adp.com  
Sent: Monday, June 13, 2022 4:06 AM  
To: Sara  
Subject: Congratulations! You have successfully filed your Plan's Form 5500.



## Congratulations! You have successfully filed your Plan's Form 5500.

(Please do not respond to this message...it comes from an unattended mailbox.)

Plan Name: Shoreline Aviation, LLC 401(k)  
Plan Number: 246440

Congratulations! You have successfully filed your Plan's Form 5500 and related schedules with the Department of Labor.

\* For additional information on the status of your Form 5500:

- Simply log into the Plan Sponsor Website;
- Click on the COMPLIANCE – FORM 5500 Tile.

Sincerely,

ADP Retirement Services

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Efast.dol.gov

can see Form 5500 F

Deborah  
2021 - Done submitted  
2022 -  
Need to republish  
ACL letter  
for business letter  
why to  
Compliance team

Reconciliation Letter  
etc mykTeam@ADP.com  
Compliance@ADP.com  
TO Gov't.

**Sara**

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**From:** rgf.messaging@fisglobal.com on behalf of Compliance@adp.com  
<rgf.messaging@fisglobal.com>  
**Sent:** Friday, May 5, 2023 4:14 PM  
**To:** Sara  
**Subject:** Final Form 5500 Available: SHORELINE AVIATION, LLC 401(K) - 246440  
**Importance:** High

Dear SARA211:

ADP Retirement Services has established an account for you to complete information online. The information obtained online is needed to complete your Form 5500 and attachments. Once complete, we will provide you with access to all the forms online, so that you may sign and e-file them with the Department of Labor.

Click the URL listed below, or cut & paste into your browser.

<https://rgf.fisglobal.com/5500Client/Site/Security/Home.aspx?id=EC8GaVgkHueAZKPjsLUzaQe1q2ua88le1q2ua88l>

Enter your personal information:

Username: SARA211

When you login to the website for the first time you will need to answer a set of security questions. Remember the answers, because you will be asked one of these questions if you login using a different computer, or if more than four weeks have passed since your last login. After answering the security questions, click Apply.

To view and change user settings, select User Profile by clicking on your name in the Web Session Control Bar at the top of the screen. From here, you may view and change your User Profile, User Settings, and Security Settings. When you log in you will see a screen with your plan(s) listed.

Here are some tips to get you started!

When you log in to 5500 Web Client you will see the Plan Selection screen. Select the plan year you need from the dropdown box in the top right corner of the screen. All available planbooks for the selected year will be listed in the grid. Below the grid are detailed instructions to follow.

Most screens will contain a section with detailed instructions to follow. Be sure to read and follow these instructions carefully.

*Select Content Help from the Help menu or the "?" on the Web Session Control Bar for more information.*

Security Information:

Our website brings together a combination of industry-approved security technologies to protect your data. It features a VeriSign-issued Digital ID for the Internet Service Provider hosting our website, Secure Sockets Layer (SSL) protocol for data encryption, and a router and firewall to regulate the inflow and outflow of server traffic.

### Secure Data Transfer:

Once a server session is established on an https secure page, you and the server are in a secured environment. Because the server has been certified as a 128-bit secure server by VeriSign, data traveling between you and the server is encrypted with Secure Sockets Layer (SSL) protocol. With SSL, data that travels between the service provider and you is encrypted and can only be decrypted with the public and private key pair. In short, the data collection server issues a public key to your browser and creates a temporary private key. These two keys are the only combination possible for that session. When the session is complete, the keys expire and the whole process starts over when a new end user makes a server session.

### Router and Firewall:

Secure forms must filter through a router and firewall before they are permitted to reach the server. A router, a piece of hardware, works in conjunction with the firewall, a piece of software, to block and direct traffic coming to the server. The configuration begins by disallowing ALL traffic and then opens holes only when necessary to process acceptable data requests, such as retrieving web pages or sending customer requests to the data collection server.

With these technologies, you can be confident that your Web site transactions are secure.

For additional assistance or questions, please contact your ADP Retirement Services Client Service Team.

The information contained in this message is proprietary and/or confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. In addition, please be aware that any message addressed to our domain is subject to archiving and review by persons other than the intended recipient. Thank you.

Sara

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**From:** Plan Termination <Plan\_Term@ADP.com>  
**Sent:** Monday, July 11, 2022 3:05 AM  
**To:** Sara  
**Cc:** Mykteam (ES)  
**Subject:** RE: termination form

Hello,

Please consider this a confirmation that we have received your paperwork for your Plan termination in good order.

This will be effective 07/29/2022

This confirmation is for the plan termination only. Once the plan is terminated, participants can be directed to [www.mykplan.com](http://www.mykplan.com) to complete a termination distribution request. Our Client Service area will be able to assist you with any questions regarding a participant's distribution. Client Services can be reached Monday – Friday 9am to 8pm EST, at 800-929-2170.

Thank you,

Plan Transition Department  
Retirement Services  
P: 877-706-1997  
E: [Plan\\_Term@ADP.com](mailto:Plan_Term@ADP.com)

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**From:** Sara <sara@flysasi.com>  
**Sent:** Friday, July 8, 2022 4:59 PM  
**To:** Plan Termination <Plan\_Term@ADP.com>  
**Cc:** Mykteam (ES) <Mykteam@ADP.com>  
**Subject:** termination form

**WARNING:** Do not click links or open attachments unless you recognize the source of the email and know the contents are safe.

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Please find termination form signed required. This plan terminated in May complete with full distribution of funds. So no funds or plan to administer. So June and July invoices should be credited back. \$210.00 ea.

Thank you,  
*Sara Rutland*  
Shoreline Aviation Services, LLC  
Shoreline Aviation Insurance  
Travel Shoreline